1	DIPE												
		Application		Serial Number	10/088,277								
MAI	R 3 1 2006 此		Filing Date		June 19, 2002								
	BAS - 1184 E	First Named Inventor		Inventor	Berger								
TRANSMITTAL Grou				Jnit	3725								
				ame	Lowel	ll Larson							
	FORM	Attorney Do		ocket No.	20496	5-323							
			Patent No.	Not applicable		pplicable							
		Issue Date			Not applicable								
ENCLOSURES (check all that apply)													
⊠ F	ee Transmittal Form			e to File Missing cation (PTO-1553)	ļ D	Request for Certificate of Correction Certificate of Correction							
	Check Attached	<u> </u>											
	Copy of Fee Transmittal Form	Formal Drawin		1g(s)		(in duplicate)							
\boxtimes	A mandmont/Pagnance		Request For C	ontinued		Notice of Appeal to Board of Patent Appeals and Interferences							
	Amendment/Response (8 pages)	Examination (•••							
	☐ Preliminary ☐ After Final		Transmittal			Appeal Brief (in triplicate)							
	Affidavits/declaration(s)			Power of Attorney Revocation of Prior Powers)		Status Inquiry							
Letter to Official Draftsperson			(Revocation of	rrioi roweisj	⊠	Return Receipt Postcard							
	including Drawings [Total Sheets]	☐ Terminal Disclaimer				Certificate of Facsimile Transmission under 37 C.F.R. 1.8							
⊠	Petition for Extension of Time (1 page)			aration and Power r Utility or Design tion		Additional Enclosure(s) (please identify below)							
	Information Disclosure Statement	Small Entity Statement											
	Form PTO-1449 Copies of IDS Citations		CD(s) for large table or computer program										
	Certified Copy of Priority Document(s)		Amendment A	fter Allowance									
	Sequence Listing submission Paper Copy/CD Computer Readable Copy Statement verifying identity of above	MAILED UNDER EXPRESS MAIL MAILING LABEL NO.: EV 719218905 US											
COR	RESPONDENCE ADDRESS			SIGNATURE BL	OCK	D (C. II) L (iv)							
Direct	Proskauer One Inter Boston, N Tel. No.:	lministrato r Rose LLI national P 1A 02110 (617) 526- (617) 526-	P lace 0-2600 -9600	Respectfully submitted, Date: March 31, 2006 Reg. No.: 55,699 Tel. No.: (617) 526-9836 Fax No.: (617) 526-9899 Peborah M. Vernon Attorney for Applicants Proskauer Rose LLP One International Place Boston, MA 02110-2600									

MAR 3 1 2006

TRANSMITTAL I FY 2005

 Complete if Known

 Application Serial Number
 10/088,277

 Filing Date
 June 19, 2002

 First Named Inventor
 Berger

 Group Art Unit
 3725

 Examiner Name
 Lowell Larson

 Attorney Docket No.
 20496-323

Attorney Doc						cket No. 20490-323			
METHOD OF PAYMENT					FEE CALCULATION (continued)				
■ Payment Enclosed:					4. ADDITIONAL FEES				
☐ Check ☐ Money Order ☒ Other					Large Entity	Small Entity			
The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 16-2500					Fee(\$)	Fee (\$)	Fee Description	Fee Paid	
⊠						65	Surcharge - late filing fee or oath		
Additional fee required under 37 CFR 1.16 and						25	Surcharge - late provisional filing fee or		
1.17. Overpayment Credit.						130	cover sheet Non-English specification		
Overpayment Credit. Applicant claims small entity status.						2,520	Request for ex parte re-examination		
FEE CALCULATION						60	Extension for reply within 1st mo.		
1. BASIC FILIN	G, SEARCH	AND EX	KAMINATION	FEES	450	225	Extension for reply within 2 nd mo.		
Application Type	Filing	Search	Examination	Fee Paid	1,020	510	Extension for reply within 3 rd mo.	1,020.00	
Utility	300	500	200		1.590	795	Extension for reply within 4th mo.		
Design	200	100	130		2,160	1,080	Extension for reply within 5th mo.		
Plant	200	300	160			500 250 Notice of Appeal			
Reissue	300	500	600		500	250	Filing a brief in support of an appeal		
Provisional	200 0		0		1,000 400	500 0	Request for oral hearing Petitions to the Director		
	Sn	nall Entity	TOTAL	0.00	180	180	Submission of IDS		
2. EXCESS CLA	IM FEEC	1.	Fee	Small Entity	790	395	Filing a submission after final		
				Fee (\$)	'30	575	rejection (37 CFR 1.129(a))		
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.					790	395	For each additional invention to be		
	ndent claim over			100			examined (37 CFR 1.129(b))		
each independent claim more than in the original 200 100 patent.					100	100	Certificate of Correction for applicant's error		
Total Claims	Total Claims Extra Claims Fee Paid		Fee Paid (\$)	110	55	Submission of Terminal Disclaimer			
	- 20 or HP=		X \$50 =	\$					
HP = highest number o	f total claims paid	for, if grea	ter than 20		Other fe	e (Specify)			
Indep. Claims		Extra Claims	3	Fee Paid (\$)			•		
- 3 or HP= X \$200 = \$					Other fee	(Specify)	- morney	1,020.00	
HP = highest number o				Fee Paid (ft)			4. TOTAL:	1,020.00	
Multiple Dependent Claims	Fee(\$) 360	5ma _18	II Entity fee (\$)	Fee Paid (\$)					
							TOTAL AMOUNTS	UBMITTED	
			2. TOTAL:	0.00			(\$) 1,020.00)	
3. APPLICATIO	N SIZE FEE				SIGNATURE BLOCK				
If the specification a fee due is \$250 (\$12 there of. See 35 U.S.)	5 for small enti	ty) for each	additional sheets			٠	Respectfully submitted,		
		Additional hereof	50 or fraction	Fee (\$) Fee Paid	Date: Ma	rch 31, 200	6 Debout M. Ve	_	
Jiloota S		round (in to a	1 410	Reg. No.:		Deborah M. Vernon		
-100 =	/50 =		number x	=		(617) 526- <u>9</u>	9836 Proskauer Rose LLP		
3. TOTAL: 0.00					4	(617) 526-9		j.	
	CORRESPO	NDENCE				• •	Boston, MA 02110		
Direct all correspond		**	~						
Patent Administrator									
Proskauer Rose LLP									
One International Place Boston, MA 02110								7.1	
Tel. No.: (617) 526-9600								- 1	
Fax No.: (617) 526-9899									